



**The Commonwealth of Massachusetts  
Executive Office of Public Safety and Security**

Office of Grants & Research  
Research and Policy Analysis Division  
Ten Park Plaza, Suite 3720  
Boston, Massachusetts 02116

**Electronic Control Weapons (ECW) Use Reporting Form**

Calendar Year 2018

Agency Name:

Brockton

Name of Chief, Commissioner, or Agency Head:

John Crowley

Name of Individual Completing Report:

Christopher LaFrance

Contact Telephone:

Ext.

(508) 897-5381

Contact Email:

clafrance@brocktonpolice.com

Date Submitted mm/dd/yyyy

01/15/2019

Semi-Annual Reporting Period	Time Period	Report Due Date
<input type="radio"/> 1st	January 1, 2018 – June 30, 2018	July 31, 2018
<input checked="" type="radio"/> 2nd	July 1, 2018 – December 31, 2018	January 31, 2019

**Important!**

- Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004.
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs *during this semi-annual reporting period only*.
- Submit the completed report to [ecw@MassMail.State.MA.US](mailto:ecw@MassMail.State.MA.US) or fax it to Katie Sharkey at 617.725.0260.
- Contact Katie Sharkey by phone (617.725.3311) or via email ([ecw@MassMail.State.MA.US](mailto:ecw@MassMail.State.MA.US)) with any questions or concerns.

## PART I. AGENCY INFORMATION

1. How many sworn officers were in your department at the end of this reporting period?  
*Include all part-time, full-time, reserve and other officers employed by your department.*

190

2. How many sworn officers have completed the approved training program for ECWs to date?  
*Include all part-time, full-time, reserve and other officers employed by your department.*

60

3. How many ECWs does your department own?

8

4. How many sworn officers who have completed the approved training program for ECWs carried ECWs during this reporting period?  
*Include all part-time, full-time, reserve and other officers employed by your department.*

60

5. How many ECW involved incidents occurred during this reporting period?

12

- See next page for definition of an *ECW incident*.
- If no incidents occurred, report a value of zero (0) leave remaining questions blank.  
Submit entire form.

STOP

## PART II. INCIDENT LEVEL INFORMATION

### DEFINITIONS FOR SECTION II

#### ***ECW Incident***

- An event in which an officer (or a group of officers) issued a warning and/or deployed an ECW on a single subject.

#### ***ECW Contact***

- Each individual officer's deployment, warning, or display of an ECW towards a single subject.

*Example:* Four officers respond to one call and only one officer issues a warning and a second officer deploys a weapon on a single subject. This would be one incident and two contacts (e.g., 1 and 1b).

#### ***ECW Warning Types***

- **Verbal/visual warning** – any spoken words or display of the ECW that would indicate to a subject that an ECW may be used. This warning can include:

1) Any direct wording to a subject indicating or implying that an ECW will be used:

*Example:* Displaying ECW and shouting, "Stop!"

2) Any indirect wording that a subject may overhear indicating or implying that an ECW is about to be deployed.

*Example:* A warning to other officers that an ECW is about to be deployed: "Taser, Taser, Taser"

- **Laser warning** - laser function of the ECW is utilized as a warning.
- **Spark warning** - spark function of the ECW is utilized as a warning.

#### ***ECW Deployment Types***

- **Probe Deployment** – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- **Stun Deployment** – the drive stun function of the ECW is utilized.



Incident Number	Weapon Serial Number List the serial number of the ECW/weapons that was involved.	Weapon Color Indicate the color of the ECW device.	Date of Incident List the date in which the ECW incident occurred.	Warning Was an ECW warning given at any point during the incident?	Verbal/Visual Warning a. Was a verbal/visual warning given? b. Did subject submit to verbal/visual warning?	Laser Warning a. Was a laser warning given? b. Did subject submit to laser warning?	Spark Warning a. Was a spark warning given? b. Did subject submit to spark warning?
1	2	3	4	5	6	7	8
EX 1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No
EX 1b	C23456	Black	01/02/2015	No	No	No	No
EX 2	11234DE	Yellow	02/05/2015	Yes	No	Yes	Yes
01	x30000h4w	Yellow	07/21/2018	No			
02	x30001d95	Yellow	07/22/2018	No			
03	x30004w7r	Yellow	07/25/2018	No			
04	x30002evn	Yellow	08/04/2018	No			
05	x3002ef7	Yellow	08/04/2018	No			
06	x30001d95	Yellow	08/18/2018	No			
07	x3004w7r	Yellow	09/18/2018	Yes	Yes	No	No
08	x30001yvv	Yellow	09/29/2018	No			
09	x30000h48	Yellow	10/07/2018	No			
10	x30007e3x	Yellow	10/17/2018	No			
11	x3007e93	Yellow	10/29/2018	No			



Line number	9 Submission	10 Probable Deployments		11 Sum Deployments		12 Subject Sex	13 Subject Race	14 DOB
	a. Indicate the number of 2nd cycle deployments	b. Indicate the number of 5th cycle deployments	a. Indicate the number of sum deployments	b. Did subject submit to sum deployment?			With the exception of Hispanic or Latino, consider all race categories as being of non-Hispanic origin	Subject date of birth leave blank if unknown
	Select: Yes or No		Select: Yes or No		Select: Male Female Non-Human (if robot) Non-human	Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown		
	(If 0, enter 0 and skip question 12)		(If 0, enter 0 and skip question 12)					
	STOP		STOP					
EX	No	0	3	2	Yes	Male	White	05/10/1965
EX	Yes	1	0	0	Male	Male	White	05/10/1965
EX	Yes	0	0	0	Female	Female	American Indian/Alaska Native	12/01/1948
01		2	1	0		Male	Black	04/07/1977
02		1	1	0		Male	Black	08/05/1991
03		1	1	0		Male	Black	11/16/1982
04		1	1	0		Male	Black	12/22/1997
05		1	1	0		Male	Black	12/22/1997
06		0		2	Yes	Male	White	08/16/1996
07		0		1	Yes	Male	Black	10/07/1988
08		1	2	0		Male	White	08/15/1975
09		0		2	Yes	Male	Black	03/22/1990
10		1	2	0		Male	Black	03/12/1997
11		1	1	0		Male	Black	12/01/1995



**Need more pages?**  
Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.





Line number	9	10	11	12	13	14
	Submission	Probe Deployments	Stun Deployments	Subject Sex	Subject Race	DOB
	If the subject submitted to any EGV warning type, did submission continue throughout the duration of the entire incident?	a. Indicate the number of 2 dark probe deployments.	b. Did subject submit to probe deployments?	a. Indicate the number of stun deployments.	b. Did subject submit to stun deployments?	Subject date of birth Leave blank if unknown
	Select: Yes or No	Select: Yes or No	Select: Yes or No	Select: Male Female Nonhuman (i.e. dog) If Nonhuman	With the exception of Hispanic or Latino, consider all race categories as being of non-Hispanic origin. Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown	
	Yes or No	(If 0, enter 0 and skip to question 13)	(If 0, enter 0 and skip to question 12)	STOP		
EX	No	0	2	Yes	White	05/10/1965
EX		1	0	Male	White	05/10/1965
EX	Yes	0	0	Female	American Indian/Alaska Native	12/01/1948
12		2	1	Yes	Black	04/06/1994
13		1	1	Yes	Black	04/20/1977
14						
15						
16						
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20						
21						
22						